

the CHILD

*** Monthly Bulletin ***

*Eighth Pan American Child Congress—
Declaration of Opportunities for Children
Action Taken by the Congress
Quotations From Addresses and Papers
Presented to the Congress*

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Public Dining Halls in Mexico

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Hospital Standards for the Care of Crippled Children

U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

JUNE 1942



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EIGHTH PAN AMERICAN CHILD CONGRESS

Declaration of Opportunities for Children

Adopted by the Eighth Pan American Child Congress

FAMILY LIFE

OPPORTUNITY for every child to grow up within the loving care and affectionate discipline of family life.

To this end the creation of a family atmosphere suitable for the child's development is necessary and the following measures are essential:

(a) Every child should live in a family having an adequate standard of living and a stable economic foundation.

(b) The State should take measures to assure the economic stability of the family.

(c) It should be the concern of the State that homeless children be cared for in a suitable family environment.

(d) Only when the needs of homeless children cannot be met adequately in foster families should such children be placed in an institution.

(e) Poverty of the mother should not be a cause for complete separation from her child; welfare organizations should provide assistance to needy mothers until they can improve their economic circumstances through their own efforts.

HEALTH

OPPORTUNITY for every child to obtain the essential elements of wholesome, healthful living—good nutrition, healthful recreation, and sufficient rest—and to learn to give due value to physical, emotional, and intellectual development; not only from the point of view of his personal welfare, but of the welfare of those who surround him.

To this end it is necessary to safeguard the physical and mental health of the child from birth until the age at which he becomes a contributing member of the community, for which the following are required:

(a) Adequate diet.

(b) Periodic medical and psychological supervision, and adequate medical care during illness.

(c) Expert guidance in recreation.

(d) Adequate rest.

(e) Guidance in the proper formation of the personality, in all its aspects.

(f) Preparation for life in the community.

EDUCATION

OPPORTUNITY for every child to discover his special abilities, and to secure education and training to develop these powers—mental, physical, and spiritual—during the years necessary to achieve full development.

To this end it is necessary to provide appropriate education for each child in accordance with his age and mental capacity, such provision to include especially the following:

(a) Vocational guidance.

(b) Appropriate and adequate organization of intellectual, physical, spiritual, and cultural education during the time required for the attainment of maturity, and the full realization of his capacities and natural talents.

RESPONSIBILITY AND WORK

OPPORTUNITY for every child to develop responsibility and to learn to participate in the life of the community.

To this end it is necessary to provide opportunities for work, and to create a sense of personal responsibility under conditions appropriate to his age and capacity, employing such measures as:

(a) Teaching the child to control himself and to conduct his life in a manner that will enable him to assume appropriate responsibility at each stage of his development.

(b) Promoting child-labor legislation, fixing a minimum age for entrance into gainful employment, limiting the hours of work for children to a maximum of 6 hours a day, and establishing compulsory registration of employed minors under 16.

LEISURE TIME

OPPORTUNITY for every child to use creatively part of his free time in developing skills and practicing activities of his choice, individual as well as social.

To this end it is necessary to foster provisions for suitable recreation and leisure-time activities.

CITIZENSHIP

OPPORTUNITY for every child as a citizen to take his place in the life of the community.

To this end it is necessary to develop the conscience of the child concerning his obligation to contribute to the progress of the community and

to prepare himself for the responsibilities of citizenship, so that he may realize from his early years that the rights he enjoys in a democracy are accompanied by inescapable obligations which require the unselfish and socially desirable use of those privileges.

AND, FINALLY,

OPPORTUNITY FOR EVERY CHILD to take part, creatively, in transforming the raw materials of human life into usefulness or beauty—as artist or craftsman; as worker on the soil or in mine, mill, or factory; as a member of organizations for community betterment; or as scholar, scientist, or spiritual leader.

Action Taken by the Eighth Pan American Child Congress¹

Washington, D. C., May 2-9, 1942

The Eighth Pan American Child Congress met in Washington May 2 to 9, 1942, in accordance with the recommendation of the Governing Board of the Pan American Union and the recommendation of the Council of the American International Institute for the Protection of Childhood, and in conformity with an act of Congress of the United States.

Invitations to participate in the Congress were extended by the Government of the United States of America to the Governments of the other American Republics, all of which accepted and were represented by official delegations. Representatives of Government agencies and private associations, and other persons engaged in work relating to the health, education, or welfare of children, were also invited to participate in the Congress. A complete list of the delegates, numbering more than 150, together with their affiliations, will be published in the proceedings of the Congress.

The organizing committee, after consultation with organizations and individuals in the several Republics, formulated the program and regulations of the Congress, which were approved at a preliminary session of the official delegates held on May 2. The text of the regulations and agenda will be included in the proceedings of the Congress.

The major work of the Congress was carried on by the delegates meeting in general sessions.

Papers submitted to the Congress were reviewed in section meetings as follows:

- I. Health Protection and Medical Care.
- II. Education and Recreation.
- III. Economic and Social Services for Families and Children.

In addition to a committee on resolutions, four special committees were appointed to study the needs of children in wartime and in the post-war world, as follows:

1. Committee on essential services for mothers and children in wartime.
2. Committee on protection of mothers and children in danger zones.
3. Committee on plans for children in the post-war world.
4. Committee on inter-American cooperation.

At the preliminary session of the official delegates Katharine F. Lenroot, chairman of the delegation of the United States and Chief of the Children's Bureau of the United States Department of Labor, was elected president of the Congress. At the same time Dr. Gregorio Araoz Alfaro, president of the American International Institute for the Protection of Childhood, was elected honorary president and the following were elected honorary vice presidents: Dr. L. S. Rowe, Director General of the Pan American Union; Dr. Roberto Berro, director of the American International Institute for the Protection of Childhood; and Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau. The chairmen of the official delegations were named vice presidents of the Congress.

¹ This material is taken in part from the preamble to the Final Act adopted by the Congress.

The formal opening session of the Congress was held on the evening of May 2 in the Hall of the Americas of the Pan American Union, with the president presiding. An address of welcome on behalf of the Government of the United States was made by the Assistant Secretary of State, the Honorable Breckinridge Long, to which a response on behalf of the delegates was made by the chairman of the delegation of Mexico, Dra. Mathilde Rodríguez Cabo. On this occasion addresses were also delivered by Dr. L. S. Rowe, Dr. Hugh S. Cumming, and Dr. Roberto Berro. A message from the president of the Institute, Dr. Araoz Alfaro, was read by the delegate of Argentina, Dr. Mario H. Bortagaray.

As a result of its deliberations the Eighth Pan American Child Congress approved resolutions and recommendations proposed by the four committees of the Congress and a number of other recommendations, all of which are included in the Final Act of the Congress, signed on May 9 in the four official languages of the Congress—Spanish, Portuguese, French, and English—by the chairmen of the delegations from the 21 American Republics.

The report of the committee on plans for children in the post-war world includes a Declaration of Opportunities for Children which is reproduced on page 297 of this issue.

The recommendations brought in by the committee on protection of mothers and children in danger zones, the committee on essential services for mothers and children in wartime, and the committee on inter-American cooperation, which were approved by the Congress and included in the Final Act, are as follows:

RECOMMENDATIONS ON PROTECTION OF MOTHERS AND CHILDREN IN DANGER ZONES

The Eighth Pan American Child Congress

Recommends to the Governments of the American Republics the desirability of appointing committees on the protection of mothers and children in wartime, or entrusting these duties to existing organizations, beginning the work with a census and identification of the child population;

That said committees begin an immediate study of the problems and measures necessary for evacuation from danger zones, so that each country may be in a position to offer the best possible protection to mothers and children as a first measure in a program of civil defense.

That the American International Institute for the Protection of Childhood, through the Children's Bureau of the United States Department of Labor, make available all the reports of its work in this field of protection of

mothers and children, that it send questionnaires periodically to the several American Governments in order to learn the work that they are doing, and that it instruct the representatives whom the countries may send for training.

RECOMMENDATIONS ON ESSENTIAL SERVICES FOR MOTHERS AND CHILDREN IN WARTIME

The Eighth Pan American Child Congress

Resolves to recommend the following:

I. Measures to maintain and extend, in time of war, health services for mothers and children.

1. The intensification of preventive health work, especially in the following ways:

- (a) Immunization against communicable diseases.
- (b) Treatment of syphilis during pregnancy.
- (c) Sanitation of unhealthy areas and control of drinking water.
- (d) Sanitary control of foodstuffs, especially milk.

2. Intensification of health education for mothers.

3. Increase of medical supervision and education for expectant mothers and for children from birth to adolescence by means of prenatal clinics, postnatal clinics, and school health services, including instruction in first aid.

4. Improvement and supplementation of the diet of women during pregnancy and lactation by means of special restaurants and other methods.

5. Increase in provision for medical and obstetric care during childbirth.

6. Special attention to nutrition by the creation in each country of a committee to study and try to solve the following problems:

(a) Determination of the most adequate types of diet from the standpoint of nutritive value in accordance with the conditions prevailing in the country and for different ages, taking into consideration the natural products of each country.

(b) Determination of the most adequate types of diet from the standpoint of cost and economic conditions of the population.

(c) Determination of the best form of nutrition education directed toward the establishment of improved food habits.

(d) Intensification and amplification of the program for milk stations and school breakfast and lunch services.

7. Creation of behavior clinics and development of educational measures to counteract the psychological effects of the war on children, utilizing for this work the services of physicians, psychiatrists, psychologists, teachers, social workers, and parents.

8. Promotion of the most rapid preparation of volunteer personnel to assist the technical personnel in the medical care of mothers and children.

9. Preparation of a plan for the mobilization and distribution of medical specialists in obstetrics and pediatrics, and of nurses in order that the medical services for mothers and children may not lack technical guidance.

10. Study of the form of raising official and private funds for the maintenance and extension of medical services for mothers and children.

II. Measures for maintaining and extending in times of war the educational and recreational services and regulation of the work of minors.

1. Stimulation of the creation of new educational provisions from the kindergarten to the university, as well as special educational institutions for abnormal, blind, deaf and dumb, and crippled children.

2. Direction of education toward obtaining development of children as individuals, capable of taking care of themselves and devoted to freedom and peace.

3. Endeavor through educational means to arouse in children a sense of social solidarity, conscientious discipline and intelligent loyalty, and to inculcate moral and ethical principles.

4. Utilization of the school as an auxiliary to the civil-defense organization under its direct control.

5. Promotion of the installation of recreation centers and children's libraries and the formation of clubs, and social and recreational organizations that may provide for the children the means of a sound and wholesome relaxation and character development.

6. Encouragement of the theater, children's literature, and other artistic activities.

7. Promotion of child-labor legislation and regulations, including provisions for minimum age for entrance into employment, working conditions, wages, maximum working hours, and regulation of the work of children in street trades.

8. The promotion of the creation of offices that may be entrusted with the supervision of the work of minors and with the enforcement of laws and regulations in regard to the same.

9. Provision of adequate facilities for the training of teachers, recreation leaders, and enforcement officers.

III. Measures to obtain the economic stability of the family and to maintain and extend social services for children under the conditions created by the war.

1. Guidance and encouragement of industrial and agricultural production in each country, under the guidance and with the aid of the Governments, taking into consideration the needs of defense and production of war materials, as

well as internal consumption needs, and the possibilities of foreign markets.

2. Development of an employment policy, consonant with the economic and production program planned, and the establishment of central employment services, giving preference in placement to men and women who are heads of families, and avoiding as far as possible the employment of mothers of very young children who need their care.

3. Provision for vocational training for workers in new industries and activities, securing for women heads of families, after they have had vocational training, ample opportunity for employment, especially in types of work from which men are being transferred for employment in new defense industries.

4. Establishment of an adequate minimum wage to guarantee the subsistence of the family unit and reasonable working hours.

5. Broadening social-security services and savings plans to provide subsistence for workers and their families in certain eventualities and contingencies (maternity, illness, invalidism, death, unemployment).

6. Application of measures to reduce the high cost of articles of prime necessity, with rationing and adequate distribution of food, under government control, when circumstances require, with special consideration of mothers and children.

7. Development of a broad educational program for the improved utilization of food-stuffs and study of low-cost diets.

8. Application of measures to provide low-cost housing to improve hygienic conditions, and to extend the construction of adequate and low-cost homes for workers.

9. Development of social services for children based on regard for the family unit, or the creation of an adequate home environment for those lacking such advantages, giving special attention to:

(a) Creation or increase of facilities and services for the children of working mothers, including the provision of school breakfast and lunch services for such children.

(b) Placement of dependent children in family homes.

(c) Economic aid to dependent children in their own homes.

10. Development of legislation and regulations to determine:

(a) The responsibility of the government in the social protection of children.

(b) The responsibility of fathers toward children, both legitimate and those born out of wedlock, and the development of measures to enforce this obligation.

(c) Measures facilitating adoption or placing of dependent children.

(d) Principles of treatment and education of socially maladjusted children.

11. Promotion of the training of social workers, who constitute personnel indispensable to the advancement of the program as a whole, establishing additional schools of social work as required.

12. Establishment of a system of government allowances to provide economic security for the families of men in the armed services.

13. The Governments of the American Republics should, within their economic possibilities, provide such additional funds as may be necessary to carry out these recommendations.

RECOMMENDATIONS ON INTER-AMERICAN COOPERATION

The Eighth Pan American Child Congress

Recommends that:

1. The American International Institute for the Protection of Childhood should be constituted the permanent organization of the Child Congresses, charged with the responsibility of carrying out, so far as possible, their resolutions and recommendations; and should be recognized through official action of the American Republics as the center for scientific study and cooperative action in relation to matters affecting the health, education, and welfare of children. Its work should be closely related to the work of other inter-American organizations, especially the Pan American Union, technical agencies set up under the auspices of the Pan American Union, and the Pan American Sanitary Bureau.

Prior to the Ninth International Conference of American States, the Institute should review and codify all the actions taken by international American conferences affecting cooperation in child welfare and related fields and present a comprehensive proposal to the Ninth International Conference of American States, which would give an ample basis for the work of the Institute and the cooperative activities of the American Republics in matters relating to children.

2. The seats of future Pan American Child Congresses should be designated by agreement of the Governing Board of the Pan American Union and the Executive Council of the American International Institute for the Protection of Childhood.

3. The dates of the Congresses should be fixed by the Government of the country designated as the seat, after consultation with the Pan American Union; the Institute should prepare the regulations and program of the Congress in agreement with the organizing committee of the country which is the seat of the Congress.

4. With a view to securing increased support for the Institute through encouraging member-

ship and more adequate financial support by Governments, the Institute should make a comprehensive annual report to the Governing Board of the Pan American Union, in order that the Governing Board may be in a position to take appropriate action and to suggest ways in which the work of the Institute may be strengthened. Arrangements should be made in collaboration with the Governing Board of the Pan American Union for consideration of reports and recommendations of the Institute and the International Conference of American States.

5. The delegates to the Eighth Pan American Child Congress on their return to their respective countries, should take all possible steps to secure the adherence of their countries—if they are not already members of the Institute—and payments of annual quotas.

6. The annual quotas for the several countries should be fixed on the basis of a classification of Governments according to population, subject to modification in accordance with the economic situation of each country. Subject to such modification, it is suggested that the smallest annual quota be \$200 and the largest \$10,000.

7. In addition to the payment of quotas it is urged that Governments members of the Institute be requested to authorize the assignment of technical personnel to assist the Institute in carrying on special projects of particular value to the Governments concerned. These projects would ordinarily require visits of committees or technical personnel to various countries for the purpose of investigations and advisory service.

8. The International Council of the Institute should be reorganized in accordance with the following principles:

(a) The Government of each country having membership in the Institute should designate as a member of the International Council an official whose responsibilities include services to children; these members of the International Council should be assisted in their respective countries by a committee of advisers appointed by the Government representing the different fields of child welfare, including pediatricians and experts in child health, education, and social work; in countries where a committee has been organized to work in preparation for the Eighth Pan American Child Congress, the Government might wish to consider the desirability of giving the committee a permanent character for the purposes indicated, with such modifications in membership as may be desirable.

(b) As a general rule the Pan American Child Congresses should meet every 4 years, and the International Council every 2 years, one of these meetings being held at the same time and place as the Pan American Child Congress; in each biennial session an executive committee composed of one member from each of seven countries should be elected to serve until the next meeting of the International Council, a member being permitted to designate an alternate

stationed in Montevideo for service at meetings of the executive committee which it is impossible for him to attend; the executive committee shall have all the powers of the International Council between meetings of the International Council, including the selection of a director of the Institute and approval of a program of work.

(c) It may be desirable to form regional subcommittees composed of members of the International Council, which shall be charged with the development of special regional cooperative activities.

9. A definite program of work of the Institute should be outlined for a period covering not less than 4 years and should be subject to such modifications as necessity may require; on the basis of this program the International Council or its executive committee should be authorized to seek special support from private sources as well as from Governments.

10. Subjects of immediate importance for consideration of the Institute are the following:

(a) Study of the nutrition problems of the children of the Americas, utilizing the facilities offered by the Republic of Argentina, the United States of America, Cuba, and other countries of the continent, and carrying on the work in cooperation with the Pan American Sanitary Bureau and other inter-American and national agencies.

It is suggested that a traveling commission might be organized composed of experts in nutrition and including physicians, public-health nurses, and social workers whose services would be made available by their respective governments and who might be able to conduct a traveling inquiry concerning the nutritional needs of the children of the Americas and the ways in which the resources of the countries might be organized to meet these needs.

(b) A study of the ways in which the education of the mothers of the American Republics in matters relating to child care might best be organized and the extent to which educational material in the form of motion pictures, radio programs, and publications might be made available through inter-American collaboration.

(c) Study of the methods of civil protection of children in countries engaged in the war or threatened by attack, and the ways in which inter-American co-

operation might be organized to safeguard children from the dangers of war.

(d) Studies of special problems such as the care of children of sick parents (tuberculous, leprosy, and so forth); study of the methods of placing children in family homes and the improvement of methods employed for institutional care of children; systems of family allowances; and study of vital statistics, in agreement with the Pan American Sanitary Bureau.

11. That the Institute serve as an information center concerning fellowships available for study in the various American Republics in fields related to child welfare, including fellowships for public-health nurses and social workers, and as a center for recommendations to be made to the appropriate agencies concerning the development of a comprehensive fellowship program.

12. That the Institute cooperate with other inter-American agencies engaged in making plans for the reconstruction of the economic and social life of the American Republics in the post-war period.

13. That the Governments of the American Republics possessing greater technical experience in the protection of childhood render assistance, through official or private institutions, to countries which may require such assistance.

* * *

Resolutions introduced separately and adopted by the Congress deal with standards of child placement, the extension of health services for mothers and children, services for children handicapped by poliomyelitis or other disabling diseases, sanitary and social measures for rural families, priority in the transportation of foodstuffs for children, supervision over commercial vitamin preparations, sanitary measures to safeguard the milk supply, and the promotion of inter-American understanding through special courses of study in the educational system.

It is my great pleasure to extend a most cordial welcome to the delegates from the American Republics to the Eighth Pan American Child Congress. * * *

Your deliberations and the firmness of your purpose to apply to the practical concerns of everyday life the principles which you will here declare, will contribute in great measure to the extension and fulfillment of the good-neighbor policy as the basic principle of international association.

From the message of Franklin D. Roosevelt, President of the United States of America.

Quotations From Addresses and Papers Presented to the Congress

It is possible for us to hold this Congress because of the greatness of the vision and the nobility of the sacrifice of Bolivar, San Martin, Washington, Jefferson, and the other heroes of the wars of independence in every American country. They and their followers and successors, from all walks of life and of diverse racial and national origins, laid the foundations of a civilization that cherishes human life for its own sake, and because it finds its source and meaning in God. In such a civilization the interests of children are primary. When we fight for the freedom of the Americas we are striving to make secure a future for which children must today be prepared. We cannot put aside until after the war our concern for children. The growth and development of a child does not wait upon convenience but is determined by the conditions in which his life unfolds. Ours is the twofold task of assuring a future fit for our children and rearing children fit for a future which shall be built upon foundations of justice, freedom, security, and mercy for all. * * *

Besides its spiritual strength and unity, the

Congress is notable because its deliberations have been conducted under the inspiration of a steadily developing concept of inter-American community of interest, a concept which is taking form in official conventions, agreements, and resolutions adopted by conferences of authorized representatives of the American States. This concept is not new, but is an expression of the aspirations of the long line of Americans of Latin and Anglo-Saxon origin who saw clearly the necessity for cultural as well as political and economic relationships among the peoples of the New World. Thus, inter-American work in behalf of children finds its foundation in the mutuality of interest of free nations, having a common stake in a world order based upon the principles of the Atlantic Charter, an order in which the promotion of the happiness and welfare of men and women and little children will be the central aim of all political and social institutions and arrangements.

—KATHARINE F. LENBOOT,
Chief, Children's Bureau,
U. S. Department of Labor.

It having been impossible for me to be present at this Congress, of such importance to our continent, and to deliver as requested the inaugural speech, I crave your permission first of all to convey my deep gratitude for this, the signal honor so kindly paid me by the organizing committee and at the same time to transmit my most cordial greetings and best wishes for the success of this great assembly of friends and benefactors of children. * * *

It would have given me much pleasure to have been able to appreciate at close range the progress attained by the Nation which has made the greatest efforts in favor of child health and welfare and to spend a few days together with the most eminent puericulturists and educators of the American countries. And since it is unfortunately impossible for me to do this, I herewith convey my most earnest hope that in this further meeting you may be able to study all the problems connected with infant welfare more profoundly still, were that possible, under the leadership of the United States specialists and be successful in better coordinating the most efficacious collaboration

between all our nations, thereby strengthening still further the bonds of American fraternity and consolidating the solidarity of the nations of this continent, united as they are already in the high ideals of liberty, work, progress, human affections, and social justice.

And may I conclude these words, simple though they be but fraught with sincerity and the noblest American spirit, with the admonition addressed by a great American woman, Grace Abbott, a worthy predecessor to our present president in the Children's Bureau, to the members of the third White House Conference: "Before we break up, promise me, each one of you, solemnly, to work more intelligently, with still greater zeal, on behalf of the children."

So be it, for the sake of the happiness and increased material and moral greatness of our America!

From the message of Dr. Gregorio Araoz Alfaro,
President of the American International Institute
for the Protection of Childhood, Montevideo,
Uruguay.

It is most encouraging that in these difficult times the peaceful processes of mutual collaboration of free peoples for the purpose of promoting the welfare of their children may go on unabated. This series of conferences, of which this is the eighth, was inaugurated over a quarter of a century ago during the first World War. In war as in peace, the peoples of the American Republics are convinced that the welfare of their children is of paramount importance. While the children of the independent nations which have been ruthlessly overrun by the Axis countries are undergoing malnutrition and are being subjected to privation and suffering, the free democracies of the Americas are meeting in one of their periodic conferences to formulate plans for their children's welfare, and at the same time the armed forces of these Governments are taking steps to secure for them a decent future. * * *

You have undertaken, therefore, a heavy responsibility to plan for the protection of children of the Americas during the present emergency and to strengthen the foundations for a great continental program to assure for them their birthright of peace, freedom, health, and security. Your task will be facilitated and your efforts encouraged by the splendid opportunity of friendly collaboration and mutual respect which happily prevails among the free nations of the Americas.

—THE HONORABLE BRECKINRIDGE LONG,
Assistant Secretary of State,
United States of America.

* * *

The problems of child welfare have one aspect that is common to all the nations and another that is characteristic of each country. Local action must be stimulated to erase these differences so that we can concentrate our efforts on problems that are common to all and in full cooperation throughout the Americas, strive to keep the child untouched by the dangers that threaten the normal development of his physical, moral, and spiritual being.

The American International Institute for the Protection of Childhood seeks to perform a comprehensive and thorough service in behalf of the American child, with the support of the Governments and the people. * * *

The Institute, whose life is bound up with these Congresses, will gather up the suggestions which result from our meeting and the echoes of our deliberations, to give them unity and publicity in its Bulletin.

—DR. ROBERTO BERRO,
Director, American International
Institute for the Protection of
Childhood, Montevideo, Uruguay.

In the face of the tragic period through which the world is now passing I consider it necessary to arrive at an inter-American understanding in order to study and seek a solution of one of the most serious problems of the post-war period—nutrition of the people.

There can be no real solution without at least an approximate knowledge of each country's actual needs and of the special regional needs within each country. To this end technical personnel must be trained and where this is not possible technical collaboration from other countries is imperative. The general practitioner and the ordinary public-health expert cannot supply the necessary information. The problem is highly complex and embraces the basic economy of the country, agriculture, animal husbandry, and international relations on the one hand and, on the other, knowledge and the possible solution of those points in direct relation to biology and the social economy of human nutrition.

—Excerpt from paper submitted to Section III
by PROF. PEDRO ESCUDERO, Director General
of the National Institute of Nutrition,
Buenos Aires, Argentina.

* * *

God forbid that the swift and gracious human reaction which makes all civilized people kindly toward children should ever die out. But with it must go cooler, more analytical treatment of the basic problem—an organized, disciplined attack upon those conditions, social, intellectual, and moral, which lie at the roots of the misfortune of children.

So began the scientific phase of children's work. It has been a long and fruitful period—and is far from being ended. Through it have come major advances: in the field of medicine and medical care for mothers and infants, and children and adolescents. As a result of it, there have come the beginnings of an organized body of knowledge in the fields of psychiatry and child psychology. In jurisprudence and law we are gradually learning to adapt the old procedure of the police and criminal courts to the newer technique of studying children as individuals, and of endeavoring to correct delinquency exactly as a doctor tries to correct a physical ailment. Our schools have become centers in which not merely the minds of children are taught, but in which their bodies could be strengthened, their nutrition guided, and their awareness of the community could be increased. Our industry is at length learning, and our laws are beginning to assure, that children shall not become industrial cannon-fodder.

—A. A. BERLE, JR.,
Assistant Secretary of State,
United States.

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The theme, inter-American cooperation for child welfare, is always of interest but more so than ever today when forces of destruction and evil rule the world. For child welfare is not a distinct discipline but rather the combined and harmonious result of all activities which seek the greater good of our American children. Very often the problem is viewed from specific angles with detriment to the whole solution. With the greatest good will, the physician sees in the child an object of prophylaxis or therapeutics; the lawyer sees only the legal aspects; the teacher sees education as the single goal. This should not be. I have repeatedly said that the child needs each of these things and many others, but he needs them all, for his true welfare is served only by bringing them all into harmony just as the notes blend and follow each other in the harmonious melodies of a song.

—DR. VÍCTOR ESCARDÓ Y ANAYA,
*Secretary of the American International
Institute for the Protection of Child-
hood, Montevideo, Uruguay.*

* * *

In view of the fact that the new economic situation created by the war will have an important influence on the family and the child, and the fact that the future of America depends primarily on the new generations which will be made up of these children, since they are the men of tomorrow whose duty it will be to practice the principles of democracy for which the continent is now fighting, it should be our endeavor to unify our ideas on the essential measures which all the countries should undertake as soon as possible in order to avoid intensifying the economic crisis through which we are now passing, thereby bringing a greater degree of disequilibrium into society, which might bring on the total bankruptcy of family life and accentuate the conditions of misery and abandonment in which a great number of children are born and grow.

—DRA. MATHILDE RODRÍGUEZ CABO,
*Médica, Directora de Asistencia Infantil,
Secretaría de Asistencia Pública, Mexico.*

* * *

Not only has this been a week of intense scientific effort but, more than that, it has been a week during which the 21 countries of America, working together toward a common purpose, have made clear to all the world that the words inter-American solidarity and cooperation have on our lips a warmth of sincerity and loyalty and, above all—with the wonderful example before us of this great Nation at war, united, organized, brave and impregnable, now fighting in defense of the sacred principle under which we were all born—democracy. * * *

And above all, we may say that these unhappy times have served to show that America as a whole, united in the midst of war, bends its efforts to the peaceful task of solving the problems of childhood with a generous spirit and with a grasp of historical perspective which reveals faith in the future, confidence in our own efforts, and clarity in our ideals.

—DR. MARIO H. BORTAGARAY,
*Director of Child Welfare,
Buenos Aires, Argentina.*

* * *

Wartime conditions are now speeding up the development of new industries in the South American countries and the evolution away from the economic status of exporters of raw materials dependent upon other countries for finished products. * * *

The present programs of stimulating food consumption and production in the United States include direct free distribution of surplus products to relief clients, the food-stamp plan, school lunches, and "nickel-a-quart" milk programs for relief families and "penny-a-glass" milk programs for school children. Eight million relief clients and six million school children are now having their diets supplemented through these programs. There are similar extensive school-lunch programs in Argentina, where over a third of the school children receive some supplemental meal, and in Uruguay, where over one-fifth of all school children are reached. Dental difficulties and skin diseases have declined noticeably since the school lunches were started. Uruguay, Chile, Colombia, Brazil, Peru, Venezuela, Mexico, Ecuador, Costa Rica, Paraguay, Cuba, and Nicaragua all have breakfast or lunch programs for undernourished children, maintained by public subsidy or private charity.

As the system of government subsidies for adequate nutrition is extended, it might be made even more effective by trading food surpluses of one country, such as wheat, beef, or sugar, for surpluses of other countries, such as cocoa or bananas, to the advantage of the school children in both.

—MORDECAI EZEKIEL,
*Economic Adviser to the Secretary of
Agriculture, United States.*

* * *

The things that we consider basically important for children form, by their very nature, the foundation for all that is significant in civilization as it has developed in different cultures and in different ways. The preservation and advancement of the means by and through which children are allowed and expected to develop their potentially creative capacities becomes the

reason why we will fight those forces in the world which seek to destroy what we know is important, whether those forces stem from ignorance or greed or from those which come from the enemies with whom we are now at war.

—FREDERICK H. ALLEN, M. D.,
Director, Philadelphia Child Guidance Clinic,
United States.

This Child Congress has a singular and great importance because there will be discussed here not only the care of the child's health and his protection against physical and chemical attacks by the enemy, but also the defense against any system tending to diminish or impair one's own judgment.

These meetings should formulate standards for an education of children which would train the minds of the children of today so that they may be able to develop fully within the democratic principles of the future.

—DR. ENRIQUE SALADRIGAS,
Director General of the
Finlay Institute, Cuba.

* * *

We have learned, even as we fight a war of machines, that real strength is people. A nation's strength is the sum of all the people and groups of people in the country. Our civilian mobilization is a mobilization of people—to get the goods out, to get the materials in, to make the community efficient and strong by solving its housing, sanitation, conservation, transportation, recreation, and health problems, to make the community secure by providing protection against air raids that may come, rumors that are whispered, economic and psychological stresses of all kinds, to make the family secure by insuring as fully as possible the health and well-being of every member, to forge the little strengths of every man, woman, and child in the Nation into one great strength that will take the natural resources of the continent and scourge the powers of organized evil from the earth.

—JONATHAN DANIELS,
Assistant Director, Office of
Civilian Defense, United States.

INTER-AMERICAN NOTES

Eleventh Pan

American Sanitary Conference

The Brazilian Government has decided to sponsor the Eleventh Pan American Sanitary Conference and has invited the Government of the United States to be represented at the Conference, which will be held in Rio de Janeiro, Brazil, probably from July 4 to July 15, 1942.

(Official correspondence.)

Public Dining Halls in Mexico City

In line with the inter-American movement for improved nutrition the Government of Mexico has recently taken measures to provide more wholesome food for the low-income groups and for education of the people in the principles of nutrition. The medium selected is the public dining hall, several of which have been established in Argentina, Chile, Peru, Uruguay, and other South American countries.

On December 2, 1940, the President of Mexico issued an Executive Order calling for the establishment of a system of dining halls to provide nutritious meals at nominal cost to persons with a small income and to serve as centers of education in nutrition. The President ordered that these dining halls be opened in the crowded sections of the Federal District, which includes Mexico City, and in the National Territories (parts of the country not admitted to state-

hood). The setting-up of the dining halls was entrusted to the Department of Public Welfare (Secretaría de la Asistencia Pública).

Before the opening of the first dining hall leaflets were distributed in the neighborhood stating the purpose of the dining hall and the rules governing its use. Social workers employed by the Department of Public Welfare visited the families in the neighborhood to arouse their interest.

The economic condition of each family applying for admission to the dining hall is investigated by a social worker; its food habits are studied by a dietitian; and each member of the family is given a physical examination. Persons with contagious diseases are barred. If evidences of malnutrition are found, efforts are made to ascertain the cause. If improper diet was brought about by economic conditions, the family is admitted to eat in the dining hall; but if malnutrition is attributed to faulty distribution of the family income, or to ignorance or bad habits, the family is not admitted to the dining hall, but a social worker or nurse-dietitian is directed to give the family the necessary advice.

Although originally the dining hall was intended mainly for children because of the importance of proper food for their development, the employment of many mothers outside the home resulted in the decision to open the dining

hall to whole families; unattached persons are also admitted. Photographs of the persons entitled to eat in the dining halls are attached to the cards of admission.

An income within specified limits is another requisite for admission: persons with an income below the prescribed minimum may be admitted, or may be referred to a special branch of the Department of Public Welfare; those with an income above the maximum are considered not to need the service. Persons making a living by begging or other questionable means are barred. The charges for the meals vary according to the family income and are intended not to cover the cost of food but to preserve a sense of responsibility on the part of the head of the family; in some cases the meals are free. It has been pointed out by the Department of Public Welfare that with this method of selecting clients the dining hall does not compete with private business.

The diet adopted in the dining hall was determined by the Committee on Food (Comisión de Alimentación) of the Federal Department of Public Welfare (Secretaría de Asistencia Pública). The average daily diet has an energy value of 2,700 calories and includes 115 grams of protein.

A typical menu for three meals:

Breakfast:

Eggs—2 for an adult and 1 for a child.
Fruit—banana.

Rolls.

Milk— $\frac{1}{2}$ pint.

Noon meal:

Vegetable soup.

Rice.

Meat— $\frac{1}{4}$ pound.

Green vegetable salad.

Fruit—1 orange.

Rolls.

Tortilla (a cornmeal pancake).

Evening meal:

Pea soup.

Beans.

Milk— $\frac{1}{2}$ pint.

Rolls.

Tortilla.

In order to ascertain the effect of this food physical and dental examinations and laboratory tests are given every 3 months to the clients of the dining hall. If illness is discovered the patient is referred to the social worker, who directs him to the public clinic.

In the last week of January 1942, 239 families consisting of 1,110 persons bought cards; nearly three-fourths of these persons were children less than 16 years of age. The children were given a mental test in addition to the regular medical examinations required of each applicant; the quality of their school work at the time of their

admission was also reviewed. The data obtained in these examinations are to be used as a basis for subsequent comparisons in determining the effect of the food.

The first dining hall, opened in November 1941, is situated in a modern building built for a market but never used for that purpose. The entrance leads to a waiting room, cloakroom, and washrooms (separate for men and women) with running water for washing the hands but without individual washbowls (which are considered insanitary), and with special fountains for cleaning the teeth. Nearby are offices of the examining physician, dentist, social worker, and nurse; there are also a laboratory and a nursery where children too young to eat in the dining hall are cared for while the mothers are eating. Back of these rooms is an office where the cards of admission are presented. This leads to the food counter and steam tables, coffee urns, milk containers, and drinking fountains. The center of the building is occupied by the dining hall which has a seating capacity of 300. Four seatings can be accommodated for each of the 3 daily meals.

The cafeteria system was adopted after a careful study because it permits orderly, rapid, and convenient service to a large number of people without a large staff of employees. Each family is assigned a private table whenever possible.

The dining hall, directed by trained technicians, is said to be rendering an important service in teaching the people, particularly the children, to eat wholesome food and in helping them to develop habits of personal cleanliness.

Plans are made for educational work through lectures and literature to reach housekeepers, particularly mothers, and persons planning meals in institutions and schools.

On March 25, 1942, the cornerstone was laid for a second dining hall in a thickly populated neighborhood. This dining hall will have a seating capacity of 1,200 and 2 seatings are planned, so that 2,400 persons will be served at each meal. Attached to the dining hall will be a day nursery for 200 children under 3 and a kindergarten where 100 older children can be cared for during their mothers' absence at work.

The program of the Department of Public Welfare for 1942 calls for the construction of two additional dining halls.

A. K. S.

Sources.—Asistencia, Organo de la Secretaría de Asistencia Pública, September–December, 1941; Secretaría de la Asistencia Pública, Informe de Labores Presentado al H. Ejecutivo de la Unión, 1940–41, Mexico; El Popular, Mexico City, various issues; and Los Comedores Nacionales de Mexico, by Dr. Francisco de P. Miranda, paper presented at the Eighth Pan American Child Congress, Washington, May 2–9, 1942.

• BIRTH •

• GROWTH •

• CHILD HEALTH •

Hospital Standards for the Care of Crippled Children

By A. L. VAN HORN, M. D., AND ARTHUR J. LESSER, M. D.

Division of Health Services, U. S. Children's Bureau

During the past 6 years, considerable progress has been made on all fronts in the development of State services for crippled children. Methods for locating children in need of care have been improved; diagnostic-clinic services have been extended, with particular emphasis upon provisions for reaching children residing in rural areas and in areas of special need; improved hospital and treatment facilities have been developed; provisions for care during the convalescent period have been strengthened; general medical (pediatric) services have been more generally utilized in the care and supervision of children admitted to hospitals, convalescent homes, and foster homes; and standards for qualifications of professional personnel have been raised in all sections of the country. Although every State agency administering State services for crippled children has experienced an increase in the number of children accepted for care, emphasis has been placed upon quality of services rather than upon quantity.

Prior to the development of the Nation-wide services for crippled children under the provisions of the Social Security Act, relatively few of the State agencies which were administering these services had assumed responsibility for establishing standards for the selection of hospitals to be used for the care of crippled children. In general, however, these State agencies used principally the best hospital facilities available within the State, usually located in large urban communities. With the expansion of these services on a State-wide basis and an increase in the number of children accepted for care, there was need for utilizing the facilities of additional hospitals in different sections of the State.

At the present time, hospital care is being provided for crippled children under approved State plans in more than 700 hospitals. During

the calendar year ended December 31, 1941, some 1,488,000 days care were provided in these hospitals for 31,153 crippled children.

As a matter of public policy it seems reasonable to expect that when a public agency has been charged with the responsibility for expending public tax funds for the purchase of hospital care it should purchase such care only from hospitals meeting standards which are acceptable to the public agency. Such standards for the selection of hospitals should be established by the agency and should be made known to the hospitals within the State. The selection of hospitals used for the care of crippled children under State plans approved by the Chief of the Children's Bureau has been based upon such standards adopted by State agencies.

Early in the development of the program for crippled children, in order to serve as a guide to State agencies, the Children's Bureau Advisory Committee on Services for Crippled Children gave careful consideration to such standards and made the following recommendations at its meeting held October 9-10, 1936:

The following should be considered minimum standards for hospital care of crippled children under the Social Security Act:

(a) A hospital used for services for children suffering from orthopedic conditions should have on its staff a physician who is certified by the American Board of Orthopaedic Surgery or is eligible for such certification.

(b) Such a hospital should have on the staff of its in-patient or out-patient department at least one physical therapist. All physical therapists employed should be registered by the American Registry of Physical Therapy Technicians or eligible for such registration. The physical therapists should be responsible to the surgeon in charge.

(c) Such a hospital should have on its staff at least one qualified nurse with experience in pediatric and orthopedic nursing.

(d) A hospital used for services for crippled children

should conform at least with the minimum standards established by the American College of Surgeons.

(e) Such a hospital should employ on its staff at least one qualified medical-social worker.

(f) Physical-therapy equipment should include a room equipped with at least an exercise table and some form of radiant heat.

At the meeting of the Advisory Committee held on April 7 and 8, 1937, the following recommendation was made pertaining to standards for the selection of hospitals to be used for crippled children under State programs:

Registration of hospitals by the American Medical Association was recommended as an additional safeguard to the desirable standards formerly suggested by this committee.

Again at its meeting held on December 2, 1938, the Advisory Committee considered the problem of hospital standards and made the following additional recommendations:

That any hospital used by State agencies should provide adequate facilities for the detection and isolation of children suffering from communicable diseases and those contracting such diseases during the period of hospitalization.

That hospitals and convalescent institutions used by State agencies in caring for crippled children should be regularly inspected for fire hazards and should comply with the minimum requirements of the State law with respect to adequate fire protection.

At its meeting held on March 4, 1940, the Advisory Committee considered provisions for general medical supervision of children in hospitals and made the following recommendation:

That a hospital used for services for crippled children should provide facilities not only for orthopedic care but also for pediatric supervision and consultation and for consultation in other specialties.

At this meeting special consideration was given by the Advisory Committee to standards for the selection of hospitals used by State agencies for the care and treatment of children suffering from heart disease or conditions leading to heart disease. The recommendations made by the Committee follow in general the recommendations quoted above but are adapted to the special services indicated for children with rheumatic fever and heart disease. These recommendations may be obtained from State agencies administering services for crippled children or from the Children's Bureau, Washington, D. C.

In the light of the recommendations quoted above, it is interesting to observe the standards that have been adopted by State agencies for the selection of hospitals used under the State programs and included in the State plans approved by the Chief of the Children's Bureau for the fiscal year 1942. Such standards have been given in the State plans for all States and Territories except Alaska, District of Columbia,

North Carolina, and Puerto Rico. It is known, however, that in these four States and Territories only hospitals approved by the American College of Surgeons are being used for the care of crippled children. Standards adopted by the remaining States and given in State plans are as follows:

Hospitals must be approved by—	Number of States
American College of Surgeons.....	41
American Medical Association (registration).....	18
American Hospital Association.....	6
State hospital association.....	3
American College of Physicians.....	1

Some State agencies may require approval by more than one of these organizations.

It is encouraging to note the large number of State agencies requiring approval by the American College of Surgeons. States where such approval is not required are usually found to be those using the only available hospitals in the State which accept Negro patients but which have not as yet been able to meet the minimum standards of the American College of Surgeons. However, progress is being made in developing the facilities and services in these institutions and each year shows a decrease in the number of hospitals used which are not so approved. Reference to approval by national organizations other than the American College of Surgeons has little significance as this is the only agency that operates an annual inspection service upon which approval is based.

All too frequently there is a tendency for public agencies to think solely in terms of minimum rather than optimum standards. If continued progress is to be expected in raising the standards of care to be provided for crippled children in hospitals mere effort will have to be given in the future to desirable standards other than approval by the American College of Surgeons. Such approval unquestionably serves as an important safeguard in the selection of hospitals but offers no assurance that the hospital so approved is especially equipped to provide services for crippled children.

A number of State agencies have given recognition to the needs for certain additional requirements. A recent review of State plans for the fiscal year 1942 revealed that in 31 States additional standards had been included for the selection of hospitals. These are:

Requirement	Number of States
Adequate orthopedic equipment.....	11
Orthopedist on hospital staff.....	8
Certified orthopedist on hospital staff.....	5
Orthopedist or plastic surgeon on hospital staff.....	2
Orthopedist or pediatrician on hospital staff.....	1
Orthopedist and pediatrician on hospital staff.....	1
Physician of the crippled children's program on hospital staff.....	1

Physiotherapist on hospital staff.....	5
Physiotherapy equipment in hospital.....	3
Orthopedic nurses on hospital staff.....	3
Approval for orthopedic residency by American Medical Association.....	2

In some States more than one of these additional standards is required.

Comparing the standards adopted by State agencies with those recommended by the Children's Bureau Advisory Committee one is impressed with the need for the further strengthening of the State standards.

It might be contended that during the present national emergency hospital authorities will find it increasingly difficult to maintain certain standards of service because of shortages of personnel, equipment, and so forth. However, there will be relatively few hospitals that cannot provide certain essential facilities and services over and above those now required by the standards established by State agencies. In States where some hospitals have temporarily lost essential professional personnel it may be necessary, during the present emergency, for the State agency to limit the hospitals used under the State program to those where adequate facilities and services are still available.

Reference has been made to the standards that State agencies should expect in hospitals from which care is being purchased, e. g., adherence to standards established by the agency for the selection of such hospitals. On the other hand, the State agency should realize that if the hospitals meet the desirable standards which it sets up, there may be a resultant increase in the cost per patient-day and that unless provision is made to increase the per diem rate to be paid by the State agency the hospital will be in the position of having to provide services below cost, or services of substandard quality. State agencies must realize that improvements in hospital standards for the care of crippled children cannot be divorced from considerations pertaining to per diem rates to be paid for hospital care. The practice occasionally indulged in by State agencies of "shopping around" for bargains in hospital care scarcely tends to promote confidence among hospitals in the State agency or in its apparent interest in improving hospital standards.

One important reason why State officials have been reluctant to negotiate with hospital authorities in establishing per diem rates on the basis of cost per patient-day is the lack of uniformity in computing such costs. In some instances it has been impossible for the State agency to obtain information from hospitals regarding the basis used in computing the cost per patient-day. Where such informa-

tion has been obtained from several hospitals in the same community there is a lack of uniformity in the factors used in making such computations. It is hoped that accounting practices used by hospitals will soon become sufficiently standardized so that public agencies will be able to deal with them with a greater degree of confidence.

Another practice which has been the cause of much concern among public agencies has been the adoption of a per diem rate plus all the extra charges, which may result in unusually high costs. Attempts to establish rates on a flat-rate basis including all charges for laboratory work, X-ray, operating-room fees, anesthetics, anesthetist fees, and so forth, occasionally are vigorously opposed by hospital administrators even though the proposed flat rate be placed on a cost basis. There appears to be no reasonable justification for such opposition, and the adoption of a flat rate would greatly simplify the accounting procedures in both agencies and bring about improved relationships. The practice of exempting specific departments or services in the hospital is one of the obstacles in establishing a flat rate on a cost basis and is to be deprecated.

Although there has been unquestionably a gradual but steady improvement in hospital standards for the care of crippled children there is need for continued efforts on the part of both the public agencies and hospital authorities to bring about further progress in this direction. State agencies should periodically review the established hospital standards with a group such as a technical advisory committee composed of hospital administrators, orthopedic surgeons, pediatricians, nurses, physical-therapy technicians, medical-social workers, and other professional personnel engaged in services for crippled children in order to develop optimum standards rather than to be satisfied with minimum requirements. State agencies should also review present accounting practices with hospital authorities and urge the adoption of an acceptable uniform system of computing cost per patient-day and the use of a flat per diem rate including all ordinary charges for hospital care.

There is urgent need in all sections of the country for a better understanding between public agencies and hospital authorities of their mutual interests and of their responsibilities to the State and community which they serve. Through such an understanding there should emerge a greater unity of purpose, a growth in mutual respect and confidence, and improved quality of services for crippled children.

BOOK NOTES

Nutrition

INFANT NUTRITION; a textbook of infant feeding for students and practitioners of medicine, by Williams McKim Marriott, M. D., and P. C. Jeans, M. D. C. V. Mosby Co., St. Louis. 1941. 475 pp. \$5.50.

This book on nutrition of infants in health and disease, prepared by Dr. Marriott in 1935, has been thoroughly revised and brought up to date by Dr. Jeans. Some chapters have been expanded, including those on growth and development and on water and mineral metabolism and an especially useful discussion of the addition of solid foods under the heading, *The Diet of the Normal Infant*. A notable achievement is the up-to-date revision of the material on the vitamins and vitamin-deficiency diseases. The chapters on acid milk and on special and proprietary foods have been condensed, the latter much improved by the omission of trade names (the reader is referred to the American Medical Association's publication, *Accepted Foods and Their Nutritional Significance*). The chapters on vomiting, diarrhea, and prematurity are long and complete.

The value of the book is increased by an excellent index and the liberal use of subheadings. There is no bibliography.

M. D.

NUTRITION STUDY IN PREGNANCY, by Philip F. Williams and Florence G. Fralin. *American Journal of Obstetrics and Gynecology*, Vol. 43, No. 1 (January 1942), pp. 1-20.

The diets of 514 pregnant Philadelphia women who kept food records for a week were analyzed as to dietary adequacy in comparison with the allowances for specific nutrients recommended by the National Research Council. The group included white and Negro women and both clinic and private patients. Almost 30 percent of the white women and more than 80 percent of the Negro women came from families with per capita incomes of less than \$4.89 a week.

The diets of only 10 of the women could be considered good on the basis of the recommendations of the National Research Council; 209 were classed as fair; and 295, as poor. Intakes of nutrients were furthest below the recommended allowances with respect to calcium, vitamin A, vitamin B, ascorbic acid, and riboflavin.

Of the women studied approximately half had an apparently normal reproductive experience; the average diet of this group did not differ significantly from that of the group as a whole. The diet of the women who suffered from one or more complications was studied with particular reference to specific nutrients that other investigators had considered might be a factor, but no significant relationship was apparent in the comparatively small series studied. The need for long-term studies with adequate controls is stressed.

NUTRITION IN RELATION TO PREGNANCY AND LACTATION, by J. Ernestine Becker, Hugh J. Bickerstaff, and Nicholson J. Eastman. *American Journal of Public Health*, Vol. 31, No. 12 (December 1941), pp. 1263-1270.

Present-day knowledge of nutritive needs during pregnancy and lactation is reviewed by two members of the faculty of the School of Hygiene and Public Health and a professor of obstetrics in the Medical School of Johns Hopkins University. Clinical and experimental evidence is cited as to the importance of an adequate diet for all women during the maternity

cycle. The taking of a detailed food history several times during pregnancy as a basis for dietary recommendations seems as much a part of the management of pregnancy as the physical examination and the medical history.

THE ART AND SCIENCE OF NUTRITION, by Estelle E. Hawley and Grace Carden. C. V. Mosby Co., St. Louis, 1941. 619 pp. \$3.50.

What the nurse in private duty needs to know about foods and nutrition is presented in four main sections: (1) Normal nutrition; (2) food requirements under special conditions; (3) diet therapy; and (4) the choice, preparation, and serving of foods. The subject matter and the arrangement of the book have been planned to conform to the requirements of the Committee on Education of the National League of Nursing Education. There are many black and white illustrations and several colored plates. Apparently the book went to press before the recommended dietary allowances of the National Research Council were published.

THE PREVALENCE OF MALNUTRITION, by Norman Jolliffe, James S. McLester, and H. C. Sherman. *Journal of American Medical Association*, Vol. 118, No. 12 (March 21, 1942), pp. 944-950.

Acting as a subcommittee of the Food and Nutrition Board of the National Research Council, these three writers have attempted to reconcile the widely varying estimates of the prevalence of malnutrition in the United States. They review the evidence from dietary surveys, mortality from dietary deficiencies, hospital admissions and records, and medical assessment of the nutritional status of population groups. They conclude that incidence of "strikingly obvious" types of malnutrition is very low but that types apparent only to the physician who makes a very careful examination or uses special diagnostic techniques are common. In their opinion there is room for widespread improvement in the nutritional status of the people of this country.

MODERN BREAD FROM THE VIEWPOINT OF NUTRITION, by Henry C. Sherman and Constance S. Pearson. Macmillan Co., New York, 1942. 118 pp. \$1.75.

Recent technological developments in milling and bread-making are making available commercial breads of high nutritive value. Among the chief methods for the nutritional improvement of bread are: (1) The milling of wheat so as to retain most of the minerals and vitamins of the whole grain while discarding the coarse bran; (2) use of dried skim milk in maximum proportions; (3) the use of vitamin-rich-yeast; (4) retention of the wheat germ or its addition to the dough in making bread from white flour; (5) the addition of vitamins and mineral salts in pure form or as artificial concentrates. Breads that have been improved nutritionally by one of these methods or a combination of them may well occupy a prominent place in the diet for physiological as well as economic reasons.

MANUAL FOR MANAGERS OF RURAL AND OTHER SMALL SCHOOL LUNCHROOMS. Ohio Dietetic Association, 1101 Huron Road, Cleveland, 1942. 226 pp. \$1.50.

In preparing this manual the Community Education Section of the Ohio Dietetic Association had the cooperation of six agencies and organizations interested in lunches for children in rural or other small schools.

The school lunchroom is considered a facility for health education as well as for health service.

The first third of the book deals with important matters of organization and operation, such as equipment and arrangement, standards for food and personnel, purchasing and cost accounting. There follows a section of recipes for low-cost dishes of high nutritive value in proportions to serve 10, 25, or 50 children.

THE INFLUENCE OF NUTRITIONAL SUPERVISION ON DENTAL CARIES, by Percy R. Howe, Ruth L. White, and Mark D. Elliott. *Journal of American Dental Association*, vol. 29 (January 1942), pp. 38-43.

The incidence of new cavities in the teeth of a group of 189 children who were receiving guidance through the nutrition clinic of the Forsyth Dental Infirmary was compared with the incidence in a control group of infirmary patients who had received no nutritional supervision. Over a period of slightly more than 3 years, the average number of new cavities per child per year was 56 percent lower in the group of supervised children than in the control group. In the judgment of the authors the findings indicate that progress in dental caries can be reduced substantially by an intensive educational program in nutrition.

MEDICAL EVALUATION OF NUTRITIONAL STATUS. Part 7, Diets of High School Students of Low-Income Families in New York City, by Dorothy G. Wiehl. **Part 8, The School Lunch as a Method for Improving Diets of High School Students**, by Emily K. Stamm and Dorothy G. Wiehl. *Milbank Memorial Fund Quarterly*, Vol. 20, No. 1 (January 1942), pp. 61-96.

Diet histories of more than 2,000 pupils of a high school in the lower East Side district of New York City were collected by interviews in their homes and at the clinic operated as part of a cooperative project in the evaluation of nutritional status. As measured by the dietary allowances recommended by the committee on food and nutrition of the National Research Council, the diets of a large percentage of these pupils were deficient in one or more nutrients. In general the diets were most nearly adequate in protein content and least adequate in vitamin A, calcium, and ascorbic acid. The high proportion of diets furnishing inadequate amounts of vitamin A and ascorbic acid substantiated evidences of deficiencies of these nutrients in the medical findings.

As most of the high-school students ate their noon meal at school, it seemed that one of the objects of the school cafeteria service should be to furnish an appreciable share of the nutrients needed daily, especially of those in which the home diet was low. An analysis was made of the food values of the lunches eaten at school, whether these lunches were brought from home, bought at school, or furnished free by the school. Except for the children who received the free lunch, which included milk and consequently contributed important amounts of calcium and riboflavin, the pupils did not eat lunches that tended to make up the deficiencies in their home diet.

Suggested means for improving the nutritive value of the lunches include: (1) increase in the quantity of filling in sandwiches; (2) more liberal portions of inexpensive main dishes; (3) wider use of vegetables rich in vitamin A; (4) replacement of bottled drinks

with fruit juices to bring up intake of ascorbic acid; (5) guidance in choice of foods. The economic difficulties in carrying out some of these improvements are recognized.

M. M. H.

Child Health

SCHIZOPHRENIA IN CHILDHOOD, by Charles Bradley, M. D. Macmillan Co., New York, 1941, 152 pp. \$2.50.

Schizophrenia, although infrequent in childhood, does occur often enough for a considerable volume of literature to have been built up. Dr. Bradley has made a survey of the literature on the subject in many languages. His book opens with a discussion of what is meant by schizophrenia with illustrations of how the disorder may appear in children. He then passes on to a survey of the literature, interspersing it with observations from his own practice. The book closes with the author's concept of the nature of schizophrenia in childhood.

D. V. W.

CHILDREN HAVE THEIR REASONS, by Ruth Wendell Washburn, Ph. D. D. Appleton-Century Co., New York, 1942. 257 pp. \$2.

Dr. Washburn has reiterated the problems of the modern parent and the answers of the psychologist to these problems. Being herself an experienced psychologist, Dr. Washburn brings to bear an insight into the reactions of children and their parents—an insight which points the way toward solutions of the problems raised. She has no general formula to advance—unless it be that she urges upon parents that they attempt to put themselves in the shoes of their children and try to understand the children's reasons for doing as they do.

Much emphasis is put in this volume on the avoidance of behavior problems in children by means of an understanding on the part of the parents of the pitfalls to be avoided. Dr. Washburn advocates that parents consult a psychologist as a matter of routine much as they would consult a pediatrician, even though their child is healthy.

D. V. W.

ELECTROCARDIOGRAPHY, by Louis N. Katz, M. D. Lea & Febiger, Philadelphia, 1941. 580 pp. \$10.

EXERCISES IN ELECTROCARDIOGRAPHIC INTERPRETATION, by Louis N. Katz, M. D. Lea & Febiger, Philadelphia, 1941. 222 pp. \$5.

Dr. Katz believes that the electrocardiogram "must be correlated with the rest of the patient's story and findings, and this correlation must be made by the clinician who has seen the patient." His work is designed to equip the physician to interpret his own records. It gives a sound general understanding of electrocardiography, both theoretical and practical, with many illustrations. The discussions of the influence of age on the electrocardiogram and the changes brought about by rheumatic fever and the other acute infections of childhood are of particular interest to the pediatrician.

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• CHILD WELFARE •

• SOCIAL SERVICES •

• CHILD GUIDANCE •

BOOK NOTES

Education for Home and Family Living

For many years "worthy home membership" has been included among the generally accepted objectives of education. But how to achieve this purpose, what to do in schools to attain this goal has not been so generally recognized and understood. Several recent studies of family-life education, prepared by individual deliberative bodies, were published within a few months of each other. Although some of the activities discussed and some of the issues raised may be of controversial nature, the volumes present much of current interest and direct timely attention to the need as well as the possibilities of developing programs and procedures designed to meet the objective of "worthy home membership." A brief review of each book follows:

YOUTH, FAMILY, AND EDUCATION, by Joseph K. Folsom. American Council on Education. Washington, 1941. 299 pp. \$1.75. The author describes changing objectives in education from a sociological point of view, portrays modern problems in family living, traces the development of the movement for education in family living, and reports on present-day activities together with the problems involved in these activities. In the section dealing with current activities and problems in education for family living he presents information on the schools at all levels, outside agencies, family case work and counseling, and various community, State, and National organizations. The last chapter is "an effort at tentative evaluation." The appendix lists agencies that promote education for family living and research in allied fields. A bibliography is included.

EDUCATION FOR FAMILY LIFE. Nineteenth Yearbook, American Association of School Administrators. National Education Association of the United States. Washington, 1941. 368 pp. \$2. "This yearbook seeks to give impetus to a movement already begun, to develop a more general consciousness of the importance of training for family life as a responsibility of public education, and to provide a broad understanding of the problems involved which will serve as a basis for developing a comprehensive and sound program in the public schools." The worth of the family in terms of the needs of society, the forces destructive to home life, the changes that have taken place in family life in recent years, the need for specific education in family living, and

concrete suggestions for a program in family living are among the subjects presented. In general, emphasis is on principles and problems rather than on procedures. There is an appendix listing organizations with materials and services of use in education for family life, and a bibliography.

FAMILY LIVING AND OUR SCHOOLS; suggestions for instructional programs. Joint Committee on Curriculum Aspects of Education for Home and Family Living of the Home Economics Department of the National Education Association and the Society for Curriculum Study. D. Appleton-Century Co. New York, 1941. 468 pp. \$2.50.

An intensive study of school programs and practices conducted by the committee representing the Society for Curriculum Study and the Department of Home Economics of the National Education Association with the assistance of the United States Office of Education forms the basis for this book, which gives a picture of what the schools are now doing to help individuals of all ages to become more effective members of homes and families. Bess Goodykoontz and Beulah I. Coon were co-chairmen of this committee. Although the emphasis is on programs and practices that are proving successful, many suggestions are given for enriching programs and improving methods. In the appendix several charts of developmental sequence in learning are presented for use with children at various age levels, and ways are outlined in which family life and the school can facilitate this learning. This volume and the yearbook of the American Association of School Administrators were planned to complement each other.

* * *

THE EDUCATION OF FREE MEN IN AMERICAN DEMOCRACY. Educational Policies Commission, National Education Association of the United States and American Association of School Administrators, Washington, 1941. 115 pp. 50 cents.

"If the people of the United States are to bear the heavy responsibility which history is apparently placing on their shoulders, they must proceed without delay to the development of a comprehensive program of defense and advance.

"The first necessity in the development of such a program is the achievement of a clear understanding of the nature of democracy and a clear perception of the values at stake. Only when this has been done can free men be expected to throw their energies without reserve into the struggle. Only when this has been done can education for democracy, as a part of an inclusive program of action, take on meaning, pattern, and direction."

The initial chapters are devoted to discussion of The Tides of Freedom and Despotism, Totalitarian

Strategy and Dynamic Democracy, and Democracy as a Great Social Faith. It is pointed out that American democracy, "if it is to be an effective force in the gigantic conflict between the two opposing philosophies of life involved in the present crisis," must meet, in addition to the need for armed defense, such objectives as a greater measure of equality and security in economic condition and opportunity among the people, sharper attention to the general welfare and the long-time interests of society, and a substantial measure of popular agreement on essential values, principles, and procedures.

Later chapters are concerned with the importance of the loyalties, knowledge, and discipline of a free people and with the place of education in the development of such attributes. In the chapter on The Loyalties of Free Men it is observed that "the defense of American democracy against the totalitarian threat requires the development in the young of clearer, stronger, and more positive loyalties to the values which free men cherish. The development of these loyalties is a major, a crucial responsibility of the public school. Indeed, an education that fails to deal successfully with this problem can in no sense be regarded as democratic either in purpose or in result."

The final chapter is devoted to a consideration of where the control of democratic education should be lodged and outlines the responsibilities and obligations of government, of the teachers, and of the people.

D. H. F.

Concerning Children in Wartime

Defense of Children The Children's Bureau Defense of Children Series consists of 11 leaflets under the general heading, "Children Bear the Promise of a Better World." Of uniform design, each of these illustrated leaflets has its own distinctive color scheme and deals with some one aspect of child life that especially concerns the Children's Bureau.

The titles of the leaflets are as follows:

1. What Are We Doing To Defend Them?
2. Are We Safeguarding Those Whose Mothers Work?
3. Are They Getting the Right Start in Life?
4. Have They the Protection of Proper Food?
5. Are We Defending Their Right to Health?
6. Their Defense Is the Security They Find at Home.
7. Their Education Is Democracy's Strength.
8. Through Play They Learn What Freedom Means.
9. Our Nation Does Not Need Their Toil.
10. Are We Helping Those With Special Needs?
11. Protect Them From Harmful Community Influences.

Single copies can be obtained free from the Children's Bureau. They can be purchased in quantity from the Superintendent of Documents at \$3 per 100.

Children in Wartime To Parents in Wartime is the title of the first pamphlet in a new series on Children in Wartime that is being issued by the Children's Bureau. To Parents in Wartime

(Bureau Publication 282) is a 20-page pamphlet containing suggestions to parents for maintaining family morale by preparing themselves to face whatever may come and by helping their children to continue living their everyday lives with as little change as possible.

A Children's Charter in Wartime, adopted by the Children's Bureau Commission on Children in Wartime, March 16-18, 1942, has been published in folder form as the second pamphlet in this series. The Charter was published in *The Child* for April 1942.

Public Health Service Until the Doctor Comes is the title of a booklet issued by the United States Public Health Service, Federal Security Agency (Miscellaneous Publication No. 21, Washington, 1941. 60 pp.). The text on each topic is kept to a minimum and is supplemented with diagrams. The arrangement is such as to make it usable in a poor light or by a person who is excited or who is unaccustomed to reading directions. The booklet was prepared by James A. Dolce, M. D., of the United States Public Health Service. It is not intended to serve as a complete first-aid manual or to encourage self-treatment. It contains simple emergency measures which may add to the comfort of an injured person, prevent the development of serious complications, and perhaps contribute to the saving of life.

Child Study Association of America Questions of parents seeking to prevent the war from disrupting their children's sense of security are answered by the staff of the Child Study Association of America in a pamphlet entitled "Children in Wartime" (Child Study Association of America, 221 West 57th St., New York, 1942, 15 pp.).

Child Guidance

Camp Fire Girls A syllabus for an Introductory Course in Baby Care (1942, 50 pp. Mimeographed. 20 cents) is now available in revised form from Camp Fire Girls National Headquarters (88 Lexington Ave., New York). Ruth Stephens Lyden, who prepared the revised course, is the mother of a 2-year-old child and was formerly a member of the Camp Fire Girls. The eight lessons deal with the baby's family surroundings, his wardrobe, his bath, his diet, food for the family, baby's temperament and health, a review quiz, and a supplementary lesson on sex education. The bibliography lists books, pamphlets, motion pictures, and other supplementary teaching material. A simple play is given which shows how a group of Camp Fire Girls put the baby-care course into practice.

American Medical Association A group of pamphlets on sex education issued by the American Medical Association (535 North Dearborn St., Chicago) as reprints from *Hygieia* include the following titles, priced at 15 cents each:

- Sex Education for the Preschool Child, by Harold E. Jones and Katherine Read. 1941. 12 pp.
- Sex Education for the Ten-Year-Old, by M. Marjorie Bolles. 1941. 12 pp.
- Sex Education for the Adolescent, by George W. Corner and Carney Landis. 1941. 18 pp.

Public Welfare

DIRECT AND WORK RELIEF AND FEDERAL WORK PROGRAMS IN ALLEGHENY COUNTY, 1920-1941, by Ralph Carr Fletcher, Katherine A. Biehl, and Joseph Zarefsky. Social Research Monograph No. 5, Bureau of Social Research, Federation of Social Agencies of Pittsburgh and Allegheny County, Pittsburgh, Pa. 53 pp. 75 cents.

Expenditures for outdoor relief and work programs in Allegheny County totalled almost \$300,000,000 for the period 1920-41. The summary statement and analysis of these expenditures show the pattern of assistance resulting in an urban community from the operation of various Federal and State local relief programs. "Much of the material used in this monograph was secured from the regular reports submitted by the agency in cooperation with the registration project of the United States Children's Bureau." The recent history of relief in Allegheny County is seen as a period of increasing specialization of individual program functions and at the same time a broadening of the scope of total relief activities.

The several relief and work programs are described and expenditure data are presented for each. Case-load figures are given for most of the programs. The volume of noninstitutional medical care is separately analyzed through expenditures of the various agencies extending such care. The continuing provision of public noninstitutional medical care and the increasingly large part played in this program by public agencies is taken to indicate an acceptance of the responsibility by public-assistance agencies for this type of care.

E. E. S.

THE STATE BECOMES A SOCIAL WORKER; an administrative interpretation, by Arthur W. James. Garrett & Massie, Richmond, 1942. 368 pp. \$3.

The author, who was in charge of the educational program of the Virginia Department of Public Welfare from 1922 to 1938, presents this record of the development of the department and its program during that period through contemporaneous material taken from public addresses, bulletins, reports, correspondence, memoranda, and periodicals.

Part 1 deals with public-welfare organization and part 2, with public-welfare programs, including social security.

In a volume published in 1940, Virginia's Social Awakening, the author traced the work of the Virginia Board of Charities and Corrections up to 1922, when it was reorganized as the Board of Public Welfare.

Juvenile Delinquency

JUVENILE OFFENCES. Home Office Circular 807624. H. M. Stationery Office, London, 1941. 15 pp. Price, 3d. net.

For the first 12 months of the war the number of minors found guilty of indictable offenses in England, as reported in this memorandum, showed an increase of 41 percent for children under 14 years, 22 percent for the 14- to 17-year group, and 5 percent for the age group 17 and under 21 years.

For the younger children the increase in delinquency was attributed primarily to the breaking up of home life because of the absence of the fathers on military service, the employment of the mothers, and the evacuation of the children. For those of school age the interruption of school life arising from evacuation and the closing of the schools in the early stages of the war is given as a major cause, explaining the large increase in offenses early in 1940 and the falling off later in the year as schools began to open. For boys over school age it was thought that lack of organized recreation was an important cause, especially in the absence of the father from the home; and that the payment of wages as high as 3 to 5 pounds a week to boys working in defense industries brought them temptations which they were unprepared to resist. The "effect of the excitement and unsettlement of war on adolescent boys" and the opportunities for easy looting, especially in the blackout, are also mentioned.

The memorandum places emphasis on preventive measures. For school children these include the restoration of educational facilities, a stricter enforcement of school attendance, and supervised recreation. "There is evidence of young children getting out of hand through lack of domestic care before and after school. A number of local education authorities, especially in reception areas, have already recognized this need and have organized centers, usually in school buildings, where boys and girls can play games or carry on hobbies. A more general provision of these facilities is greatly to be desired."

Local education authorities are warned that there may be a tendency for employers to resort to child employment, and that the provisions of the Children and Young Persons Act, 1933, must be complied with. Light agricultural work during school holidays may be allowed for children over 12 years under local by-laws, if the restrictions on hours of work and kind of work are observed.

The social welfare of young people who have left school has been made the responsibility of the Board of Education, which has set up a National Youth Committee to advise on all aspects of juvenile welfare. Local youth committees are now in active operation in nearly all the higher education areas, and many new centers, clubs, and units have been started. "One of the best means of checking delinquency in wartime, as in peace, is to provide more, and more varied, social and recreative facilities to meet the needs and tastes of all sections of the youthful community * * * and to challenge youthful exuberance to interest itself in useful service."

Recommendations are made as to the treatment of juvenile offenders: Careful consideration should be given to the reports of the local education authority and the probation officer. Parents should be made to realize their responsibility. Skilled advice should be sought on the treatment of difficult problems of behavior, it is emphasized; child-guidance clinics have been established by local education authorities in many towns and these have available the services of a psychiatrist. Use of the probation system should be considered in every case, and detention in "remand homes" or "approved schools" should be resorted to only in the case of offenders "who are not likely to respond to probation."

• **CHILD LABOR** •

• **YOUTH EMPLOYMENT** •

• **VOCATIONAL OPPORTUNITIES** •

Exemption Granted Under the Walsh-Healey Act

At the request of the Secretary of War, an exemption to the 18-year minimum age established by the Walsh-Healey Act for the employment of girls on Government contracts was granted by the Secretary of Labor, under the authority of the act, on April 21, 1942. Under the exemption, employment of girls is permitted in enumerated industries under certain conditions at 16 years of age, the same age which the act sets for the employment of boys.

Girls 16 and 17 years of age are permitted to be employed only under specified conditions regulating maximum hours, night work, and wage rates, and protecting them from employment in hazardous occupations. Each contractor must keep on file for each girl employed under 18 years of age a certificate of age showing that she is at least 16.

Under the exemption, girls 16 and 17 years of age may not work more than 8 hours a day or contrary to State laws governing hours of work. Night work is prohibited between 10 p. m. and 6 a. m. At least a 30-minute lunch period must be provided, and the wages paid must be not less than the minimum hourly rate set by the Fair Labor Standards Act or the Walsh-

Healey Act. Furthermore, these girls may not be employed in any occupation declared hazardous under the Fair Labor Standards Act. Thus, although the arms and ammunitions industry is listed among those granted the exemption, this does not remove the coverage of Hazardous Occupations Order No. 1, issued under the Fair Labor Standards Act, prohibiting minors under 18 from working in any occupation "in or about plants manufacturing explosives or articles containing explosive components."

The industries in which girls of 16 and 17 years may be employed under the exemption are:

- Food processing.
- Leather products.
- Boots and shoes.
- Rubber products.
- Photographic equipment and supplies.
- Chemical, drug and allied products.
- Surgical and scientific instruments.
- Optical instruments.
- Arms and ammunition.
- Electrical manufacturing.
- Plastic products.
- Safety appliances.
- Machinery and allied products.
- Converted paper products.
- Fabrication of metal products.

• EVENTS OF CURRENT INTEREST •

ADDITIONAL SUMMER COURSES

*University
of Iowa*

Courses in child development and parent education are offered by the University of Iowa, June 8 to July

31. The Iowa Child Welfare Research Station and cooperating departments will present courses for teachers, graduate students, social workers, study group leaders, and parents.

*Date of Chicago
Conference
Changed*

A notice from the National Education Association states that the Conference on Human Development and Education at the University of Chicago will be held August 10 through August 21. The dates previously announced were July 27 through August 7. This conference is sponsored jointly by the University of Chicago, the Commission on Teacher Education, and the Department of Supervisors and Directors of Instruction of the N. E. A.

CONFERENCE CALENDAR

June 28-July 2—National Education Association. Eightieth annual convention, Denver.

June 28-July 3—American Physiotherapy Association. Twenty-first annual conference, Williams Bay, Wis.

Sept. 28-Oct. 2—National Recreation Association. Cincinnati.

Oct. 5-9—National Safety Council. Chicago.

Oct. 12-16—American Hospital Association. St. Louis, Mo.

Oct. 27-30—American Public Health Association. Seventy-first annual meeting, St. Louis, Mo.

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF



THE CHILD is published monthly by the Children's Bureau, United States Department of Labor. Its publication was approved by the Director, Bureau of the Budget, May 12, 1936, to meet the need for an exchange of information between the Children's Bureau and the various agencies actively engaged in furthering the interests of children. It contains articles, brief reports, news items, and reviews of new publications relating to current developments in the fields of child health, child welfare, juvenile delinquency, and the employment of minors in the United States and in other countries.

Social Statistics, issued four times a year as a supplement, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research, and is sent to everyone who receives **THE CHILD**.

THE CHILD is sent free on request to a restricted list of officials and agencies actively engaged in work for or with children. Requests to be placed on the free mailing list should be addressed to Miriam Keeler, editor, **THE CHILD**, Children's Bureau, United States Department of Labor, Washington, D. C.

THE CHILD is for sale by the Superintendent of Documents, Washington, D. C., at \$1 a year; foreign postage, \$0.50 additional. Single copies are 10 cents each. Subscription orders should be addressed to the Superintendent of Documents, Government Printing Office, Washington, D. C.

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